



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 8046

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/981,525		600	3736	senop-00401

**APPLICANTS**

Fred Burbank, San Juan Capistrano, CA;  
 Paul Lubock, Laguna Niguel, CA;  
 Michael L. Jones, Capistrano Beach, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/196,125 11/20/1998 PAT 6,454,727 / JF /  
 which is a CIP of 09/057,303 04/08/1998 PAT 6,331,166

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** / JF /**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \* SMALL ENTITY \*\***  
 11/06/2001

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	15	19	3

**ADDRESS**

EDWARD J. LYNCH, PATENT ATTORNEY  
 ONE EMBARCADERO CENTER  
 SUITE 562  
 SAN FRANCISCO, CA 94111  
 UNITED STATES

**TITLE**

Tissue acquisition system and method of use

<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit